

NORTH PHOENIX REGIONAL PARTNERSHIP REGIONAL COUNCIL
FUNDING PLAN
July 1, 2009 – June 30, 2012

OVERVIEW OF THE THREE-YEAR STRATEGIC DIRECTION

The North Phoenix Region is an area of striking diversity and contrasts. The area consists of 21 zip codes within and slightly beyond the actual limits for the city of Phoenix – encompassing three zip codes in Glendale and covering all the way north through Anthem and New River to the Maricopa County line. The Region contains strikingly different neighborhoods and areas, including the rural parts of New River, the North Central Corridor, Deer Valley and Moon Valley, and the lower income neighborhoods of Sunnyslope. According to the 2008 North Phoenix Regional Needs Assessment there are approximately 63,000 children, birth to 5 years of age, living in the North Phoenix Region – a growth of 34 percent since 2000.

Quality care is often associated with accreditation by a nationally recognized organization. While there are 214 licensed child care centers and family child care homes combined within the Region, of these, only 41 (19 percent) are accredited. Twenty of the accredited centers are either in public school programs, or are Head Starts. These programs limit enrollment to income-eligible children 3-4 years of age and only offer part-day/part year programs. Consequently, most parents of children aged 0 to 5 years of age in the North Phoenix region have limited access to quality early care and education services.

Closely tied to high quality child care is the need for highly qualified teachers and caregivers. The teacher or care giver's level of education is one of the greatest indicators of quality. Pursuing post high school education is prohibitive for some child care workers in the region whose wages average \$9.00 an hour. In the North Phoenix region, a large majority of both teachers and assistant teachers do not possess a college degree. Specifically, 72 percent of teachers have no degree, 86 percent of assistant teachers have no degree, and less than 10 percent of either teachers or assistants possess even the most basic level of a Child Development Associate (CDA) certificate. Of the current 43 regulated child care homes, provider education levels are unknown.

There are a large number of single-parent, female-headed households in this region, and around the Sunnyslope area there is a significant predominance of teen mothers – more than double the rate as compared to that of the state of Arizona overall. There are many zip code areas in the region wherein parents do not possess a high school diploma, along with very socially isolated communities found in the far northern part of the region.

Additional evidence exists suggesting that parents are in need of support and access to information. According to a 2007 Valley of the Sun United Way Survey, nearly half (40 percent) of all parents surveyed indicated they could use “a lot more” education about early childhood issues. Comments from a recently conducted faith community focus group in the region echoed these concerns – stating not only are our community families under a lot of stress, but “many parents just do not know how to be a good parent”. The faith community has also identified that they would be able to be more involved with linking parents to appropriate community resources and providing information and support to parents

and children as part of their ongoing programming. To do this well, faith community providers need a better understanding of what is available for families to access, enhanced ongoing network building opportunities, and access to a myriad of quality improvement supports.

School readiness and literacy development is an area of concern for the North Phoenix Region. According to the results of the DIBELS (Dynamic Indicators of Basic Early Literacy Skills), 25 percent of the students entering Kindergarten in the Deer Valley School District, 20 percent in the Paradise Valley School District and a noteworthy 61 percent in the Washington Elementary School District lacked measured literacy skills when they entered school. In addition, data in the North Phoenix region from the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA) given to students in Grades 3 through 8 to assess proficiency in writing, reading and mathematics, demonstrates that 17 percent of third graders in the Deer Valley School District, 19 percent in the Paradise Valley School District, and 38 percent of students in the Washington Elementary School District do not meet this standard at third grade. When reviewing the educational attainment of parents, adults in the zip code areas encompassed by the Sunnyslope community fare the worst. Specifically, 17 percent of the community residents have less than a 9th grade education, and an additional 17 percent have 9th-12th grades but no diploma.

Financial well-being in the region varies across the communities. Some households in areas of the region have median incomes that exceed the national average and that of Arizona. Nonetheless, several zip codes show greater than 25 percent of the children are living in households that are at or below 200 percent of Federal Poverty Level.

The cost of child care can be a considerable burden for many families in the North Phoenix Region. Yearly fees can represent about 12 percent of the median family income of Arizona married couples with children under 18, and 22-30 percent of a single parent female headed family. As with many other services, cost of early care and education often is directly related to the quality of care. Providers of care and education struggle with the balance of providing a service for the market rate and affordability level for families. The North Phoenix region needs more affordable *quality* early care and education.

When looking at health indicators for children and families in the North Phoenix region, the Sunnyslope community demonstrates a need for more mothers to receive prenatal care. The statewide rate for low birth-rate babies was exceeded in five zip codes within the region. Data from the 2008 Deer Valley Community Social and Health Profile suggests that there are several zip code areas in the region that have not even achieved the statewide level of children 12-24 months old who are up to date on their 4:3:1 immunization series. There are several areas where many children are either uninsured or under-insured, and unmet dental and health care needs abound. In addition, the high rate of uninsured children in the region would suggest that access to medical care and well child visits is limited.

Under-utilization of preventive health services is an additional health concern in the North Phoenix region. Health coverage is a factor that affects whether or not children receive the care that they need to grow up healthy. Data on the number of uninsured children 0-5 in the North Phoenix Region is difficult to accurately measure, however, a 2007 report entitled Health Insurance In Arizona: Residents of Maricopa County referenced in the North Phoenix 2008 Regional Needs & Assets report provided an estimate of the number of uninsured children living in each zip code area in Maricopa County.

According to this report, within the twenty-one zip codes found in the North Phoenix region, there is a combined estimate of 165,242 children under age 18 that are not insured.

Some areas in the North Phoenix Region appear to have a high percentage of children with urgent dental treatment needs. In 2004, John C. Lincoln Children's Dental Clinic conducted a visual dental screening exam on 6,328 students in seven elementary schools and one middle school in the Sunnyslope area. Of the children screened, 895 (14 percent) were found to be in need of urgent dental care (defined as presence of bleeding, infection, pain, swelling and/or decay down to the gum line). 1,375 (22 percent) of the children had evidence of dental decay of a non-urgent nature; 4,058 students (64.1 percent) did not have cavities detected.

The North Phoenix Regional Partnership Regional Council has also noted the lack of public awareness and investment in early childhood issues within the region. While an important piece of the "communications puzzle," public awareness and information efforts need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Broader public support must be obtained to build the infrastructure needed to help every Arizona child succeed in school and life.

The North Phoenix Regional Council has undertaken a strategic planning process that involved community forums, focus groups of faith-based providers, and data collection and analysis. Based upon the identified needs and assets of the region, the North Phoenix Regional Partnership Regional Council has prioritized the following needs to address in the next three year period:

1. Limited access to quality of early care and education.
2. More training and professional development opportunities for early childhood care providers.
3. Access to parent education, information, and support.
4. Affordable early care and education.
5. Access to and utilization of preventive health care.
6. Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts.

Prioritized Goals and Key Measures

The North Phoenix Regional Partnership Regional Council has prioritized the FTF Goals and Key Measures as follows:

Need: Limited access to quality early care and education.

Goal: (1) FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Total number of early care and education programs participating in the QIRS system.
- Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score.
- Increase in the # of centers with access to health care consultants.
- Increase in the # of children/families receiving services.
- Retention rates of early childhood development and health professionals.
- Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.

Need: More training and professional development opportunities for early childhood care providers.

Goal: (8) FTF will build a skilled and well prepared early childhood development workforce.

Key measures:

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.

Need: Limited access to parent education, information, and support.

Goal: (11) FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Goal: (12) FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

- Increase in the number of centers with access to health care consultants.
- Increase in the number of children/families receiving services.
- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.
- Percentage of families of children birth through age five who report they maintain language and literacy rich home environments.
- Percentage of families with children birth through age five who report reading to their children daily in their primary language.

Need: Need for affordable early care and education.

Goal: (3) FTF will increase availability and affordability of early care and education settings.

Key Measures:

- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five.
- Current cost of early care and education for families as a proportion of the median income for a family of four.

Need: Limited access to and utilization of preventive health care.

Goal: (11) FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Goal: (4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- Increase in the number of centers with access to health care consultants.
- Increase in the number of children/families receiving services.
- Total number and percentage of children receiving appropriate and timely oral health visits.
- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.

Need: Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts.

Goal: (15) FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures:

- Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters.
- Percentage of Arizonans who have increased their knowledge regarding the importance of early intervening to improve overall health and development of children.

Strategy Selection

The proposed strategies build on the foundational strategic planning of the North Phoenix Regional Partnership Regional Council. These initial strategies will begin the work of the Regional Council in serving the young children in the region.

The North Phoenix Regional Partnership Regional Council will continue to engage with other stakeholders and partners to plan for and evaluate the implementation of the strategies toward the goals and key measures. The Regional Council will continue our strategic planning process for the next two years, as we develop further understanding and a baseline of work. The Regional Council has committed to continue in this ongoing planning and improvement process, engaging community partners such as the Valley of the Sun United Way, Deer Valley Unified School District, Paradise Valley Unified School District, Washington Elementary School District, the Arizona Child Care Association, Paradise Valley Community College, John C. Lincoln Health Network, the Phoenix Public Libraries, local Head Starts, for-profit and non-profit early education and health care service providers, the local media, community service centers, other members of the business community, members of the faith community, and parents, grandparents and family caregivers.

The following strategies have been identified to address the goals and key measures and are as follows:

Identified Need	Goal	Key Measures	Strategy
Limited access to quality early care and education.	Goal 1: FTF will improve access to quality early care and education programs and settings.	<ul style="list-style-type: none"> Total number of early care and education programs participating in the QIRS system. Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score. Increase in the # of centers with access to health care consultants. Increase in the # of children/families receiving services. Retention rates of early childhood development and health professionals. Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree 	<p>Strategy 1: Expand the number of centers/homes in the North Phoenix Region participating in <i>Quality First!</i></p> <p>Service Number: 20 centers, 5 homes</p> <p>Strategy 2: Increase child care health care consultants and mental health consultants to improve children's health, safety and quality of interactions with providers and increase early identification of health or developmental</p>

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		<p>in early childhood development.</p> <ul style="list-style-type: none"> Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree. 	<p>concerns.</p> <p>Service Number: 170 centers/homes</p> <p>Strategy 3: Implement a wage compensation program tied to TEACH Early Childhood Arizona scholar's completion of early childhood education degree.</p> <p>Service Number: 180 early childhood professionals</p>
More training and professional development opportunities for early childhood care providers.	Goal 8: FTF will build a skilled and well prepared early childhood development workforce.	<ul style="list-style-type: none"> Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree. 	<p>Strategy 4: Fund additional T.E.A.C.H. scholarships beyond those provided through participation in <i>Quality First!</i></p> <p>Service Number: 139 scholarships</p>
Limited access to parent education, information, and support.	<p>Goal 11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p>Goal 12: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<ul style="list-style-type: none"> Increase in the number of centers with access to health care consultants. Increase in the number of children/families receiving services. Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, 	<p>Strategy 5: Increase and improve skills and support for early care and education home providers, with an emphasis on family/friend/neighbor caregivers.</p> <p>Service Number: 150 home-based care providers</p> <p>Strategy 6: Create or expand home visiting programs to provide family support using a</p>

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		<p>health, and well-being.</p> <ul style="list-style-type: none"> Percentage of families of children birth through age five who report they maintain language and literacy rich home environments. Percentage of families with children birth through age five who report reading to their children daily in their primary language. 	<p>combination of models.</p> <p>Service Number: 425 families</p> <p>Strategy 7: Create or expand services to parents or caregivers aimed at fostering the literacy development for children ages 0-5.</p> <p>Service Number: 150 families in-home, 20,000 children within community programming</p> <p>Strategy 8: Establish or enhance a telephone “warm line” to provide families access to parenting information and resources 24 hours per day.</p> <p>Service Number: 2500</p>
Need for affordable early care and education.	Goal 3: FTF will increase availability and affordability of early care and education settings.	<ul style="list-style-type: none"> Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five. Current cost of early care and education for families as a proportion of the median income for a family of four. 	<p>Strategy 9: Determine how to best improve affordability of quality early childhood education and care by engaging in a statewide pilot project/study that provides scholarships or vouchers to parents enrolling their children in quality care.</p> <p>Service Number: 2 centers will be involved in the pilot/study</p>

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Limited access to and utilization of preventive health care.	Goal 11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.	<ul style="list-style-type: none"> • Increase in the # of centers with access to health care consultants. • Increase in the number of children/families receiving services. • Total number and percentage of children receiving appropriate and timely oral health visits. • Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health. • Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being. 	<p>Strategy 10: Increase children's access to preventive dental care by expanding oral health screenings, applying fluoride varnishes, and referring children for follow-up treatment.</p> <p>Service Number: 8,000 children</p> <p>Strategy 11: Collaborate with AHCCCS to expand Health-E Application so more families will enroll in and retain health coverage and other public benefits for their young children.</p> <p>Service Number: 1500 assisted or trained</p>
Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts.	Goal 15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.	<ul style="list-style-type: none"> • Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters. • Percentage of Arizonans who have increased their knowledge regarding the importance of early intervening to improve overall health and development of children. 	<p>Strategy 12: Engage in a communications campaign that works in partnership with other Regional Partnership Regional Councils and the FTF Board.</p> <p>Service Number: TBD</p>

Strategy Worksheets

Strategy 1: Expand the number of centers/homes in the North Phoenix Region participating in *Quality First!*

The North Phoenix Region has a large population of young children. More than 63,000 children ages 0-5 lived in the region in 2007. The population of young children in the region is growing rapidly. From 2000 to 2007, the population of children ages 0-5 in the region grew by 34 percent.

There are 214 regulated child care centers, and child care homes combined in the North Phoenix Region. These centers and homes have a capacity to serve over 28,000 children. However, slightly less than 17,000 young children are served in these facilities and homes each day.

The number of regulated child care centers in North Phoenix is far greater than in the other Phoenix regions (171 regulated child care centers as compared to 75 in the Central Phoenix Region and 60 in the South Phoenix Region). However, the quality of care provided in such centers and homes is unclear. According to the recently completed Needs and Assets report for the region, only forty-one accredited early care and education programs exist in the region, including Montessori programs, fee-for-service preschools, school district programs and Head Start sites.

The North Phoenix Regional Partnership Regional Council would like to increase the number of quality child care centers and homes in the region by enhancing participation in *Quality First!*, Arizona's Quality Improvement and Rating System (QIRS). Nineteen child care centers and three child care homes in the region will be enrolled as part of the statewide funded strategy of supporting creation and development of *Quality First!* beginning early 2009. The North Phoenix Regional Council would like to add an additional 20 centers and 5 homes as participants in *Quality First!* during SFY 2010. The Regional Council aims to have half of the region's regulated centers and homes participating in *Quality First!* by the end of 2012. (86 Centers – 19 funded by the statewide initiative and 67 funded by the regional allocation, and 22 Homes – 3 funded by the statewide initiative and 19 funded by the regional allocation.)

Quality improvement and rating systems are comprehensive strategies being used throughout the country to improve the quality of early care and education and inform families, providers, funders, regulators and policy makers about quality standards for early care and education. Currently seventeen states are operating statewide quality improvement and rating systems, and another thirty states have local pilots or are developing their systems.

The First Things First Board approved funding to design, build, and implement the first phase of *Quality First!*, Arizona's Quality Improvement and Rating System (QIRS) for early care and education centers and homes. Because so many of Arizona's youngest children are enrolled in child care, early education

and preschool settings, the quality of programs is undeniably important. Just fifteen percent of early care and education centers and less than one percent of family child care homes in Arizona are accredited by a national accreditation system, currently the only measure of high-quality available in the state.

State licensing regulations are considered adequate and minimal and do not include quality determiners, i.e. optimal recommended adult-child ratios, maximum group size, well-qualified personnel, and strong curriculum and environments. Many children are in settings where quality is poor or mediocre¹ and poor quality settings may harm children or may be a barrier to optimal development.

Arizona will now have a system and working model of early childhood care and education quality standards, assessment and supports (financial and other) throughout the state, rather than multiple models, in order to ensure public confidence in its validity and to systematically evaluate outcomes for children.

Quality First! is voluntary and includes these elements:

- I. **Administrative infrastructure** at First Things First for coordination of the statewide system.
- II. **Standards/Rating Scale** defining the various levels of quality (from regulatory to high quality).
- III. **Assessment** of quality using standardized tools and reliable assessors.
- IV. **Quality Improvement Plans** which set goals related to standards and assessment results.
- V. **Coaching and technical assistance** to reach goals in Quality Improvement Plan (includes access to child care health consultants).
- VI. **Financial grants and awards** for materials, equipment, time and other improvements to meet goals.
- VII. Automatic access to a **professional development** scholarship system (TEACH) by administrators, teachers and caregivers.
- VIII. **Outreach** to publicize *Quality First!* participation and eventually quality ratings, build public support for quality, and help families make informed choices for their children.
- IX. **Evaluation** to determine the effectiveness of the system in meeting its outcomes.

Both regulated early childhood centers and regulated family child care homes can participate in the system.

Research conducted in five states with long-term systems and evaluation designs, e.g. Colorado, North Carolina², Pennsylvania, Tennessee and Oklahoma³ show significant improvement in the quality of participating programs/settings. Locally, the Tucson *First Focus on Quality* pilot program evaluation found significant improvement in forty-six centers in key quality components such as physical learning environment, adult-child interactions, school readiness strategies, health and safety, and director and staff qualifications.⁴ A new study of the Colorado's Qualistar Quality Rating and Improvement System by the RAND Corporation⁵ suggests that the quality indicators which produce child outcomes measure not only the quality of the environment, but also the quality of interactions, in early care and education settings. Arizona is incorporating this research into its development of *Quality First!*

¹ Vandell & Wolfe (2002); Cost, Quality and Child Outcomes Study Team; (1995); Helburn & Bergmann (2002); Phillips, (1995)
² Bryant. D., Bernier, K., Maxwell K., & Peisner-Feinberg, E. (2001) *Validating North Carolina's 5-star child care licensing system*. Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center
³ Norris, D., Dunn, L., & Eckert, L. (2003). *"Reaching for the Stars" Center Validation Study: Final report*. Norman, OK: Early Childhood Collaborative of Oklahoma.
⁴ LeCroy & Milligan Associates, Inc. (August 2006). *First Focus on Quality: Final Evaluation Report*.
⁵ Zellman, Gail L., Perlman, Michal, Le, Vi-Nhuan, Messan Setodji, Claude (2008). *Assessing the Validity of the Qualistar Early Learning Quality Rating and Improvement System as a Tool for Improving Child-Care Quality*. Rand Corporation.

Lead Goal: FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

- Total number of early care and education programs participating in the QIRS system.
- Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score.

Target Population:

All regulated/licensed centers and homes providing early child care and education in the North Phoenix Region will be eligible, with an emphasis on recruiting centers/homes in the following zip code areas: 85020, 85021, 85022, 85023, 85027, 85029 and 85053. Target zip codes are areas where there is a prevalence of teen parents and single mothers. The same zip code areas have high numbers of low income families.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
Centers	20 additional	20 + 22 additional	42 + 25 additional
	5 additional	5 + 7 additional	12 + 7 additional
Homes	19 centers 3 homes	19 centers 3 homes	19 centers 3 homes
(State funded service numbers)			

Performance Measures SFY 2010-2012

1. Number of centers or homes enrolled in QIRS
2. Number of centers or homes enrolled in QIRS / number of regulated centers or homes
3. Number of children enrolled in regulated child care home or center with a quality rating score of

three or higher / Number of children enrolled in regulated child care center or homes. Number of quality early care and education programs increasing quality rating score.			
<ul style="list-style-type: none">How is this strategy building on the service network that currently exists: The region has 171 regulated child care centers and 43 regulated child care homes. Of these, 41 (19 percent) have an accredited status. This proposed expansion will allow the region to have 50 percent (86 centers and 22 homes) of the regulated homes/centers in the region to participate in quality improvement activities by SFY 2012. This strategy will build on other regionally funded strategies of Health Care Consultants and TEACH – where additional services and scholarships will be provided to the region.			
<ul style="list-style-type: none">What are the opportunities for collaboration and alignment: The Regional Council will monitor the participation and progress of all of the centers and homes enrolled in Quality First! Additionally, the Regional Council is finalizing plans to visit the centers and homes, and to define additional resources available in the community which might support the centers and homes. The Regional Council also plans to work on increasing community awareness and understanding of quality improvement for early care and education.			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy		\$1,600,000	
Budget Justification: First Year - 20 centers with average cost of \$30,000 = \$600,000 5 homes with cost of \$21,245 = \$106,225 Outreach activities to enlist participation in the community (i.e., outreach materials and potential media) = \$40,000 Total Cost - \$746,225 Set aside for third year = \$853,775 Actual costs for the first year will be slightly less than \$800,000. It is anticipated that centers/homes participating in QIRS will be enrolled for a 3- year period. A portion of the allocation from SFY 2010 (approx. \$853,775) and a much smaller portion from SFY2011 (approx. \$45,060) will be carried forward to SFY 2012 to allow for the homes/centers from the first 2 years to continue their involvement in addition to the 32 new homes/centers to be added in the third year. In the fourth year of this strategy (SFY2013) the funding allocation would begin to decrease as the first homes/centers enrolled in SFY 2010 will most likely not continue participation at the full level as they should have received a higher level of quality and/or an initial quality rating during their involvement over the past three years.			
CENTERS	SFY 2010	SFY 2011	SFY 2012
Regionally Funded	20	42 (20 from last year + 22 additional)	67 (42 from last year + 25 additional)
Statewide Funded	19	19	19

Total	39	61	86
HOMES	SFY 2010	SFY 2011	SFY 2012
Regionally Funded	5	12 (5 from last year + 7 additional)	19 (12 from last year + 7 additional)
Statewide Funded	3	3	3
Total	9	15	22

Strategy 2: Increase child care health care consultants and mental health consultants to improve children's health, safety and quality of interactions with providers and increase early identification of health or developmental concerns.

There are 214 regulated child care centers and homes in the North Phoenix Region, serving nearly 17,000 children every day. Parents in this region are facing a myriad of stressors – economic, social, emotional, etc. and these stressors impact their interactions with their children, and in turn, their children's interactions with peers and care providers. In addition, information from the 2004 Sunnyslope Community Needs Assessment and current interviews with key community informants and members of the faith-based focus group determined that the community also has specific concerns regarding how to effectively manage children in early care settings that exhibit challenging behavior issues. Providing health and safety information to parents and caregivers through regulated settings is an effective way to increase the overall quality of early childhood education and care, and improve health outcomes for children.

A Child Care Health Consultant (CCHC) is a health professional with specialized knowledge of early childhood development, child care and child care regulation, community health and social services. In addition to their professional credentials as nurses or other health professionals, Child Care Health Consultants receive 60 hours of instruction on:

- Health consultation skills
- Quality in early child care programs and how to measure quality
- Caring for children with special needs
- Infectious diseases and caring for children who are ill or temporarily disabled
- Injury prevention in the child care setting
- Oral health in the child care setting
- Mental health and supporting social and emotional development in the child care setting
- Nutrition and physical activity in the child care setting
- Skill building to work with child care providers and families

CCHC's assist child care providers in achieving high standards related to health and safety of the children cared for daily in child care centers.¹ CCHC's offer periodic, consistent monitoring visits and consultation as well as responding to emergent requests to provide assistance regarding the health of a specific child in care.

CCHC's also provide expert information and consultation on working and communicating with families of children enrolled in child care and provide referral and follow-up for needed community based services.

Child Care Health Consultation (CCHC) has been shown to promote healthy and safe environments for children in child care and encourage child care settings (centers and family child care homes) to implement the highest standards of health and safety on behalf of the children in their care. CCHC has been shown to be an essential element in achieving high quality early care and education programs and in maintaining the quality gains made over time.

State licensing regulations do not include child care consultation. There are more than 21 published outcomes studies and 58 additional evaluations, presentations and monographs that validate the impact of CCHC on early childhood education programs.² Research data shows that when child care facilities receive health consultation the health and safety of the facility is improved as follows:

- Reduction of hazards and risky practices in child care settings related to:
 - Safe active play
 - Emergency preparedness
 - Nutrition and food safety
 - Utilization of safe sleep practices and SIDS risk reduction
- Reduction of infectious disease outbreaks
- Reduction of lost work time for parents
- Improved written health policies
- Increased preventive health care for children³
- Data from the Tucson *First Focus on Quality* pilot project of a quality improvement and rating system shows improved health and safety practices in child care settings related to child care health consultation.⁴

Research shows that Behavioral/Developmental/Mental Health coaching delivered in typical early childhood settings is an effective preventive intervention that addresses mental health, behavioral and developmental problems in early childhood. The literature suggests that children who struggle with behavioral and emotional problems at this young age have a 50 percent chance of continuing to struggle into adolescence and adulthood.

Research findings indicate that prevention and intervention efforts to address mental health problems in early childhood may reduce significant personal and social difficulties in later childhood, adolescence, and adulthood. The earlier the intervention begins, the better the prognosis.⁵

Early childhood providers have indicated that the most helpful types of assistance to support them in caring for children with challenging behaviors are:

- on-site consultation with a mental health expert,
- workshops on behavior management strategies, and

- written materials on behavior management strategies.

Directors and administrators of early childhood programs are being challenged to consider and offer creative ways to build their staff's capacity to address the mental health concerns of children and families living with many risks and stressors. They understand that there are no "quick fixes" and that their objective requires attention, time, and resources. However, providing staff support and mental health skill development pays off in "better problem solving skills, greater staff confidence in coping with difficult situations, a wider range of concrete strategies to help children and families, and the provision of a safety valve which enables staff to share their frustrations and to celebrate the victories of their work".⁶

A study of pre-kindergarten expulsions conducted by Yale University Child Study Center report that more than 10.4 percent of pre-kindergarten teachers expelled at least one child. Expulsion rates were lowest in classrooms in public schools and Head Start and highest in faith-affiliated centers and for profit centers. When teachers reported having access to a mental health consultant that was able to provide classroom based strategies for dealing with challenging student behavior on a regular basis the rates of expulsion were significantly lower in all settings.

A Mental Health Consultant (MHC) also may reduce significant personal and social difficulties in later childhood, adolescence, and adulthood. On-site consultation with a mental/developmental health expert can provide helpful assistance to support early childhood providers and build staff capacity in caring for children with challenging behaviors. Specific skills and understanding relevant to early childhood are essential for the effective mental health consultant. Collaborative relationships among consultants, early childhood service staff, service providers and families are the essential contexts in which support for early social and emotional development and intervention for mental/behavioral health concerns takes place.

Coordination must exist between the Child Care Health Consultant positions and the Mental Health Consultants. It is anticipated that Mental Health Consultants will be called in as needed to supplement services provided by the CCHC when behavioral health needs are identified. A child care center or family child care home could receive the services of a mental health consultant for short-term, targeted concerns without also receiving services from the CCHC. Applicants funded for these two services will need to demonstrate how on-going coordination will exist to assure a seamless transition between services when needed.

Research Notes

US Department of Health and Human Services, Substance Abuse and Mental Health, "Starting Early Starting Smart" Accessing Costs and Benefits of Early Childhood Intervention Programs" www.casey.org or www.samhsa.gov

Gilliam, Walter S. PhD, Yale University Child Study Center, "Prekindergartners" Left Behind: Expulsion Rates in State Prekindergarten Systems, May 2005

¹ Ramler, M., Nakatsukasa-Ono, W., Loe, C., Harris, K., (2006). *The Influence of Child Care Health Consultants in Promoting Children's Health and Well-Being: A Report on Selected Resources*, Educational Development Center, Newton, Ma.

² ibid

³ ibid

⁴ *First Focus on Quality: Final Evaluation Report United Way of Tucson and Southern Arizona, Tucson, Arizona, August 2006*, <http://www.unitedwaytucson.org/images/pdf/ELOA%20Final%20Reportpdf.pdf>

⁵ Tableman, B. (1998). *Keeping early education positive (KEEP) survey review*. Unpublished manuscript.

⁶ Yoshikawa, H., & Knitzer, J. (1997). *Lessons from the field: Head Start mental health strategies to meet changing needs*. New York: National Center for Children in Poverty.

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measures:

- Increase in the number of centers with access to health care consultants.
- Increase in the number of children/families receiving services.

Target Population (Description of the population to reach): 170 regulated child care centers and/or homes in the North Phoenix Region that are not already receiving services from a health care consultant via their participation in the QIRS program will be eligible to participate in SFY 2010. A ratio of 1:20 will be used to establish total FTE needed for the Child Care Health Consultant position to provide services to the remaining child care centers and homes. Mental Health Consultants will be called in as needed to supplement services provided by the CCHC when behavioral health needs are identified. As the number of centers and homes participating in QIRS increase, it is anticipated that service numbers for the CCHC component of this strategy will decrease as CCHC will be provided in the increasing number of QIRS enrolled centers. The MHC component will continue to be available to all centers that need it.

	SFY2010	SFY2011	SFY2012
Proposed Service Numbers	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
Centers and/or Homes	170	140	110

Performance Measures SFY 2010-2012

1. Percent of children enrolled in child care centers or homes in the region having health coverage
2. Number of centers or homes in the region receiving mental health consultation
3. Number of infectious disease outbreaks in regulated child care centers and homes in the region
4. Number of accidents or injuries in regulated child care centers or homes in the region
5. Number of children with special health care needs attending regulated child care homes or centers in the region
6. Number of child care homes and centers receiving a visit from a child care health consultant

- How is this strategy building on the service network that currently exists:

This strategy will improve health outcomes for children attending regulated child care centers and homes, and provide their families with health information and referrals. This strategy builds on the

statewide strategy of establishing Quality First!, Arizona's Quality Improvement Rating System. Statewide and regional funding for QIRS will provide child care health consultation to 22 regulated child care centers and homes SFY 2010. Additional funding through this strategy will provide additional child care consultation services to the remaining 170 eligible regulated centers and homes that will not initially be involved in the QIRS strategy during SFY 2010.

What are the opportunities for collaboration and alignment: Child care health consultation is expected to be coordinated through an administrative entity in Maricopa County. Accordingly, all training and evaluation conducted through this strategy will be coordinated with child care health consultation being performed in other regions. Other regions such as the Northeast Maricopa Region are also looking to provide mental health consultation to centers and homes throughout the region. Opportunities would therefore exist for collaborating in program administration of this component, outreach, and implementation.

SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)

Population-based Allocation for proposed strategy	\$1,740,000
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Budget Justification:

\$ 850,000 = 8.5 FTE health care consultants with caseload size of 20 centers/homes

\$850,000 = mental health consultation services

\$40,000 = outreach activities – The North Phoenix Regional Council is interested in supporting the promotion of increased awareness of services by utilizing printed materials to describe benefits of participation, as well as building awareness among unregulated care providers of the ability to potentially utilize this service via phone consultation.

It is anticipated that not all of the eligible regulated centers and homes will avail themselves of this service. It is anticipated that other providers of early childhood care and education services (i.e., faith-based groups that are not full-time regulated preschool programs and in-home providers that are "legal" but not "regulated") will be a part of the service users via phone consultation, however it is difficult to predict the number of this type of users. In Strategy #1 it was identified that there will be an increase of centers and homes enrolled in the QIRS program in SFY 2011 and SFY2012. While these centers and homes will have a CCHC available upon enrollment into the QIRS program, these additional centers and homes will not have the Mental Health Consultant component. It is anticipated that while funding for CCHC's within this strategy will decrease incrementally during the next two years to align with the increases in Strategy #1, the funding to support the second part of this strategy (MHC's) will need to increase during the next 2 years. Net result will likely off-set the decrease for the CCHC component – therefore the North Phoenix Regional Council is estimating flat funding of this strategy over the next three years.

Strategy 3: Implement a wage compensation program tied to TEACH Early Childhood Arizona scholar's completion of early childhood education degree (WAGES).

A wage enhancement program would address two key issues affecting quality and access in early care and education settings: 1) retention of teachers and staff; and 2) qualifications of teachers and staff. The high turnover of early childhood staff directly impacts the quality of experience for children. Consistence of care in early education settings allows children to bond with their teachers and feel safe, thereby creating an environment conducive to learning. In order to improve retention of early childhood professionals, it will be important to enhance compensation. Wage enhancement programs incentivize teachers, staff and family child care home providers to increase their educational qualifications by taking college coursework in early childhood education.

Child care workers are among the lowest-paid of low-wage workers. According to the Bureau of Labor Statistics, in 2003 the average annual salary for child care workers in Arizona was \$16,360, far less per year than dog groomers and barbers and less than half the self-sufficiency wage.¹ (In 2008, the federal poverty line is \$21,200 for a family of four,² and in Phoenix and Maricopa County as of 2002 (the most recent data available), the annual combined income level for self-sufficiency for a family of four (two adults, one school-age, and one preschool child) is \$41,165.³ These figures cover only the most basic needs, and do not take into account "extras" such as retirement, savings, education funds, car repairs, or even a movie rental. With inflation and rising food and gas prices, the 2008 figure is likely far higher.)

According to the U.S. Bureau of Labor Statistics, Arizona preschool teachers earn about half the salary of kindergarten teachers; child care teachers earn even less. Pay varies depending on the type of center in which the teacher works, as well as on the teacher's position; assistant teachers earn an average of \$8.10 an hour, teachers an average of \$9.00 an hour, teacher/directors an average of \$10.92 an hour, and administrative directors earn an average of \$15.00 an hour.⁴ Teacher quality is strongly correlated with compensation.

There is a definite correlation between an early childhood education professional's time spent in a job and her education level. In Arizona, those with the highest levels of education (Directors, Teacher/Directors, and Teachers) had the longest length of employment. Among teachers, 92% of Head Start teachers were employed for four years or longer; 92 % of Head Start teachers are required to have some college education.⁵

This strategy offers a plan to increase compensation to staff as an incentive to further their education. The North Phoenix Regional Council will recommend that staff receive a stipend/bonus payment versus a wage increase, and will coordinate implementation of this strategy within the region with whatever model FTF ultimately uses as a compensation enhancement program across the state.

Research Notes

¹ http://communityissues.azfoundation.org/index.php/54+M525989d34ef/?&backPid=22&tt_news=56

² U.S. Department of Health and Human Services: <http://aspe.hhs.gov/poverty/08Poverty.shtml>

³ *The Self-Sufficiency Standard for Arizona*, prepared by Diana Pearce with Wider Opportunities for Women for the Children's Action Alliance, March 2002.

⁴ Arizona School Readiness Task Force Report. July 2002

⁵ *Compensation and Credentials*, Children's Action Alliance, July 2005, pgs 4-5.

Lead Goal: FTF will increase retention of the early care and education workforce.

Goal: FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

- Retention rates of early childhood development and health professionals.
- Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.

Target Population (Description of the population to reach):

This strategy will target scholars who are participating in TEACH Early Childhood Arizona upon completion of educational steps based on estimating 80% of scholars completing education goals.

FY10: 80 percent of 225 TEACH Early Childhood Arizona scholars=180 scholars FY11: 80 percent of 300 TEACH Early Childhood Arizona scholars=240 scholars FY12: 80 percent of 375 TEACH Early Childhood Arizona scholars=300 scholars			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	180	240	300
Performance Measures SFY 2010-2012 <ol style="list-style-type: none"> 1. Number of professionals pursuing degree in early childhood. 2. Number of degreed professionals in early care and education. 3. Number of early care and education professionals at an assistant teacher or teacher level retained for 3 years/this would allow RPC to establish a baseline. 4. Number of early care and education professionals at a center director level retained for 5 years/this would allow RPC to establish a baseline. 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: This strategy directly ties into TEACH Early Childhood Arizona and QUALITY FIRST! building on the state system. The North Phoenix Regional Partnership Regional Council anticipates that FTF will adopt a wage enhancement model in the near future and will utilize the administrative home agent to provide compensation incentives aligned to the state model. 			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: There is great interest from the early childhood community and throughout the state in tying increased compensation to increased levels of education. It is anticipated that several of the Regional Partnership Regional Councils will elect to allocate funding to support this strategy. Opportunities across regions will then further exist for collaborating in administration, outreach and implementation. 			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy	\$480,000		

Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region. (Note: Regional Councils may want to consider evaluation and community outreach and awareness expenses. If these are included provide a breakdown of amounts in this section.)

It is recommended that the average compensation for TEACH scholars completing their education degree would be on average \$2,000. Depending on what FTF will develop as a statewide strategy, this amount may be adjusted. Compensation packages may be established at different rates for different levels, i.e. less for someone completing an A.A. than someone completing a B.A. If FTF has not identified a compensation plan by FY10, funds would be carried forward to implement the plan regionally once FTF identifies what will be supported at the state level.

First Year –

Total Cost: 180 scholars x \$2,000 = \$360,000

Set aside for third year = \$120,000

A portion of the allocation for SFY 2010 will need to be carried forward to continue to match the increase in scholars participating in the TEACH program (refer to service numbers in Strategy #4)

Strategy 4: Fund additional T.E.A.C.H. scholarships beyond those provided through participation in *Quality First!*

The North Phoenix Regional Partnership Council recognizes the need to support the professional

development of the early care and education workforce. The preparation and ongoing professional development of early educators is a fundamental component of a high quality early learning system. There is extensive body of research showing that the education and training of teachers and administrators is strongly related to early childhood program quality and that program quality predicts development outcomes for children.¹

Opportunities exist to greatly enhance professional development in the North Phoenix Region. According to the North Phoenix Regional Partnership Council's recently completed Needs and Assets Report, 72 percent of teachers working in regulated centers lack a degree, and 86 percent of assistant teachers lack a degree or certification. Child care professionals in the North Phoenix Region are less likely to possess a degree than the Arizona child care professionals.

Programs enrolled in QUALITY FIRST! will have access to TEACH Early Childhood Arizona. The Regional Council wants to expand TEACH to those programs not yet enrolled in Quality FIRST! Specifically, we would like to provide early childhood development professionals working in the North Phoenix Region additional opportunity to receiving training in the areas of child development and health. We would like to give priority to those working in infant/toddler programs to assure that they improved care begins as early as possible.

Benefits to children: Higher quality, stable and more capable professionals; improved care and services; better developmental outcomes for children.

Benefits to families: Early childhood professionals who remain with their programs and continuously advance their skills and knowledge are better able to build relationships with children and families and to foster their growth and development.

Benefits to programs and staff: Support and financial assistance for ongoing professional development and educational pathways for staff leading to higher staff quality and better retention.

The Regional Council recognizes and supports all four elements of the scholarship program:

Scholarships - The scholarship usually covers partial costs for tuition and books or assessment fees. Many scholarships require that the recipient receive paid release time and a travel stipend.

Education - In return for receiving a scholarship, each participant must complete a certain amount of education, usually in the form of college coursework, during a prescribed contract period.

Compensation - At the end of their contract, after completing their educational requirement, participants are eligible to receive increased compensation in the form of a bonus (ranging from \$100 to \$700) or a raise (4% or 5%). Arizona will establish the formulas for each.

Commitment - Participants then must honor their commitment to stay in their child care program or the field for six months to a year, depending on the scholarship program that Arizona designs.

Funding support can cover coursework: tuition, fees, materials and supplies associated with the course and the course activities; access: travel costs (gas or transportation fare), students' own child care costs, substitute staffing; and academic support: study and class preparation time, tutorial services and advisement. Compensation can include: stipends and reimbursements, rewards, awards, bonuses for education completion and retention initiatives.

Information about the T.E.A.C.H. project is available on the web at www.childcareservices.org/ps/teach.html.

State contacts are available at www.childcareservices.org/ps/statecontacts.html.

¹Ohio Department of Education (January 2006). *Critical Issues in Early Educator Professional and Workforce Development*. Columbus, OH: This paper was funded by the Department under the commission of the School Readiness Solutions Group. This paper was developed by Jana Fleming.

Lead Goal: FTF will build a skilled and well prepared early childhood development workforce.

Goal: FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.

Target Population (Description of the population to reach):

There are an estimated 1500 early care and education providers in regulated centers and in homes caring for young children aged 5 and under in the North Phoenix Region. This strategy will allow the region to offer participation in the TEACH scholarship program beyond those participating through the Quality First! program, bringing total participation to 15 percent (225) of all caregivers in SFY 2010, 20 percent (300) of caregivers in SFY 2011, and 25 percent (375) of all caregivers in SFY 2012. The Regional Partnership Council will prioritize T.E.A.C.H scholarships for staff working in infant/toddler programs, given the importance of training for such professionals. Regional recipients from the TEACH scholarship service will be available to individuals for up to 3 years.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	139	163 (139 from last year + 43 new)	181 (163 from last year + 18 new)

Performance Measures SFY 2010-2012

1. Number of degreed professionals in early care in the region.
2. Number of degreed professional in early care in the region/number of professionals in early care in the region
3. Number of professionals pursuing degree in early childhood in the region.
4. Local early care and education class slot enrollment/local early care and education slot capacity
5. Average length of teacher retention in the North Phoenix Region.

- How is this strategy building on the service network that currently exists:

The statewide Quality First! initiative will fund 19 centers and 3 homes in the region, providing an average of two T.E.A.C.H. scholarships to professionals working in a center and 1 scholarship per home provided care setting (41scholarships). Additional regional funding to support expansion of Quality First! will provide scholarships for an additional 153 professionals working in the region by SFY 2012 (67 centers and 19 homes with an average of two scholarships for each center and one per home.) Additional funding for T.E.A.C.H through this strategy will provide an additional 139 scholarships to professionals working in the region during SFY 2010 with an increased number the following two years culminating in 30 percent of eligible professionals involved in this strategy by the end of SFY 2012.

This strategy capitalizes on T.E.A.C.H Early Childhood Arizona. T.E.A.C.H is a strategy benefiting children, families and programs by addressing workforce under-education which negatively impacts the quality of early care and education. The Regional Council is building on the infrastructure elements established by the FTF Board with Quality First! and TEACH to improve the quality of early care and education in the North Phoenix Region.

TEACH	SFY 2010	SFY 2011	SFY 2012
Region-funded TEACH	139	163 (139 + 43 new)	181 (163 + 18 new)
Region-funded scholarships for QIRS enrolled centers/homes	45 (20 centers + 5 homes)	96 (42 centers + 12 homes)	153 (67 centers + 19 homes)
Statewide-funded TEACH (via QIRS enrollment)	41 (19 centers + 3 homes)	41 (19 centers + 3 homes)	41 (19 centers + 3 homes)
Total	225	300	375

What are the opportunities for collaboration and alignment:

The T.E.A.C.H Early Childhood Arizona program will provide the system infrastructure to implement this strategy including an administrative home, payment system, model agreements with colleges/universities, and evaluation. North Phoenix Regional Partnership Council participation with the administrative agent will provide the financing for additional scholarships and focusing scholarships to meet our specific regional needs.

The North Phoenix Regional Council will work with local colleges and universities (Glendale Community College, ASU West, and Paradise Valley Community College) to ensure the sufficiency of available courses. The North Phoenix Regional Council will also collaborate with other Regional Councils in the county to ensure that articulation to the universities is seamless.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$483,020
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Budget Justification:

Funding will be \$2,180 per scholar per year. This amount is based on the estimated cost per scholar of \$1,600 provided by FTF policy staff. In addition, the allocation allows for a \$500 bonus as well as 10 hours of release time at \$8.00 per hour per scholar. Exact bonus and release time hours will be established by the administering agency and are unavailable at this time. These proposed amounts may need to be adjusted to align with the T.E.A.C.H. model for Arizona once it is finalized.

139 scholarships x \$2,180 = \$303,020

\$50,000 for outreach activities to make providers aware of the program and assist them in enrolling. It is anticipated that funding for this activity will continue in SFY 2011 and SFY2012.

\$50,000 to convene community meetings to encourage seamless articulation between community college and university settings. It is anticipated that funding for this activity will continue in SFY 2011 and SFY2012.

\$80,000 for one time purchase of computers to allow for enhanced access to on-line coursework that complies with the certification process. It is anticipated that this part of the allocation will be decreased/eliminated in subsequent years.

Strategy 5: Increase and improve skills and support for early care and education home providers, with an emphasis on family/friend/neighbor caregivers.

There are more than 63,000 children 0-5 living in the North Phoenix Region in 2007. The number of children being cared for in homes is unknown. However, national estimates suggest that as many as 60 percent of children need child care due to parent's employment, and of these, as many as 50 percent of children aged 5 and under are cared for in home-based settings. In the North Phoenix Region, approximately 17,000 children are cared for in regulated child care centers or homes in the region daily – suggesting that many more children are likely being cared for by family, friends or neighbors in the region.

Child care provided by family, friend, and neighbor caregivers – home-based child care that is for the most part legally exempt from regulation- is of growing concern to parents and policymakers for several reasons. One of the top reasons is that nationally it is the most common type of child care for children under age 5 whose parents work (Maher & Joesch, 2005; Snyder, Dore, & Adelman, 2005). Nearly half of all children spend their days – and sometimes their nights – in these types of settings (Boushey & Wright, 2004). Additionally, in recent years, the question of what kinds of child care programs best prepare children for kindergarten has emerged as dominant issue in the early care and education public policy agenda. This has been propelled to the forefront due to two main factors – the national focus on children's school achievement and the widespread creation of state-funded prekindergarten programs for 3 and 4 year old children. Growing awareness that so many children are in these unregulated settings and concerns about school readiness have generated increasing interest in efforts to support these caregivers. (Research to Policy Connections No. 5, Assessing Initiatives for Family, Friend, and Neighbor Child Care, March 2007)

In the North Phoenix Region, the DIBELS (Dynamic Indicators of Basic Early Literacy Skills) data shows that many children in the region do not enter kindergarten with the necessary language and literacy skills. Particular emphasis will need to be placed in this area during strategy implementation.

Evidence suggests that training provided to home-based family, friend and neighbor caregivers can result in positive outcomes for children. For example, recent evidence from the Association for Supportive Child Care and VSUW partnership "Kith and Kin" program that provided training and support to family/friend/neighbor caregivers shows that 81 percent of providers indicated making specific changes in the care provided to the children as a result of their involvement in the program. Impact was noted in the following areas: 1) Safety in the home environment, particularly fire safety; 2) Establishing a daily schedule for the children; 3) Encouraging providers to join their local library; 4) Setting up a written agreement with parents regarding child care arrangements; and 5) Increased knowledge regarding the Child and Adult Food Program. Participants in this program have also

identified that their motivation to provide care is not monetary, and consequently, while identifying an interest in becoming a better provider, most are not interested in becoming “regulated” and provide services to other children in the community.

The Regional Council will invite Stakeholders to submit proposals to address the distinct geographic needs for professional development of family/friend/neighbor caregivers in the North Phoenix Region.

Specific approaches to implement this strategy will include, but are not limited to:

- Early language and literacy programs
- Innovative approaches to address the specific training/skill enhancement needs of the family/friend/neighbor population in the North Phoenix Region
- Partnerships that expand access to services in non-traditional settings, including homes, public schools, other “education” settings
- Raise public awareness about the importance of improving skills for this provider population.

Approaches to implement this strategy will be required to build on current funding streams where possible. Preference will be given to approaches that are research-based and applicants who can demonstrate positive outcomes for this specific population.

Lead Goal: FTF will build a skilled and well prepared early childhood development workforce.

Goal: FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development.

Goal: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

- Total number of children enrolled and vacancies in early care and education programs as a proportion of total population birth to age five.

Target Population (Description of the population to reach):

The number of unregulated in-home providers in the region is unknown. However, a very rough estimate assumes that sixty percent of the children aged 0-5 in the region (approximately 63,000 children, according to 2007 PEP estimates) are in need of out-of-home care (37,800 children). Of those children, up to sixty percent are estimated to be cared for by home-based caregivers (18,900 children). There are currently 43 regulated home-based providers in the North Phoenix region. Assuming each cares for five children (43 x 5, or 215 children), there may be as many as 18,685 children in unregulated, home-based care. Further assuming that home-based providers care for 2-10 children each, the estimate for unregulated home-based providers would be from 1,865 to 9,342 providers in the region.

	SFY2010	SFY2011	SFY2012
	July 1, 2009 -	July 1, 2010 –	July 1, 2011 -

Proposed Service Numbers	June 30, 2010	June 30, 2011	June 30, 2012
	150	150	150
Performance Measures SFY 2010-2012			
<div><div>1. Number of child care professionals receiving family, friend or caregiver training</div><div>2. Number of regulated child care homes in the region</div><div>3. Number of home-based child care providers receiving training on language and literacy development in young children</div><div>4. Percent of Kindergarteners meeting benchmark at the beginning of the year for each school district in the region, according to DIBELS</div></div>			
<div><div><div>• How is this strategy building on the service network that currently exists:</div><div>This strategy seeks to connect training to caregivers in existing home-based caregiver settings in the region. While existing trainings such as “Book Bridges” in the Phoenix Public Libraries and the Association for Supportive Child Care’s Kith & Kin program exist in the region, they are limited in scope. For example, the “Book Bridges” program is only offered in one of the four libraries in the region, and the Kith & Kin program was only offered in one community during the past year. This strategy intends to expand such types of services, allowing more training to reach home-based early care providers.</div></div></div>			
<div><div><div>• What are the opportunities for collaboration and alignment:</div><div>The Northwest Maricopa Region, the Central Phoenix Region, and the South Phoenix Region are also interested in implementing a similar strategy. Opportunities exist for collaborating in outreach, grant development, and implementation. Opportunities also exist to partner with the Arizona Department of Economic Security’s efforts to provide pathways to licensure for unregulated home-based settings. Finally, this strategy also aligns with the Regional Council’s additional strategies of 1) create or expand services to parents or caregivers aimed at fostering the literacy development for children ages 0-5; and 2) creating or expanding home visiting programs to provide family support using the “Parents As Teachers” model.</div></div></div>			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$250,000		
Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region.			
Using cost estimates from a model utilized by an existing community program, \$150,000 would pay for 6 sessions at \$25,000 per session (14 weeks of training during each session) with an average of 25			

participants in each class (6 x 25 = 150 family home care providers – caring typically for 2-5 children in each home). In addition to training, participants may also receive safety equipment such as fire extinguishers, smoke detectors and car seats.

The additional dollars identified in this strategy are allocated with the expectation that the provider(s) of this service would complete a planning process wherein prior to providing the professional development service, they would articulate where the greatest evidence of need is for this service within the North Phoenix Region, the specific model proposed for utilization and how it best meets the need. In addition the provider(s) would be expected to complete coordination and awareness activities to promote enrollment in the service.

To further supplement this strategy, participants in the family/friend/neighbor professional development services will be given priority to receive services from those provided under Strategy #7 “Literacy Development”.

Strategy 6: Create or expand home visiting programs to provide family support using a combination of models.

A forum held for faith leaders that directly serve young children and their families in North Phoenix communities overwhelmingly stated they observe in their membership every day many “parents that just do not know how to parent.” They strongly recommended that additional “general parenting information” be made available to all families in the community. However, when a family is considered “at risk” – the faith communities felt they could play a vital part in linking such families to needed resources. The faith community focus group felt that at risk families may be more likely to seek assistance within the context of a “loving and supportive” spiritual environment. Having a partnership wherein a direct referral can then be made for this type of service will assist in helping previously unidentified families with a quicker link to needed services. Currently a partnership of this type does not exist.

One group that may be considered “at risk” are those families where children are living in single and/or teen parent households. Differences in home environments and parent-child interactions associated with family income make significant differences in children’s skill levels by the time they reach age three. Children born in to single-parent headed households and teen parent households are more likely than other children to be born at a low birth rate, experience health problems and developmental delays, experience abuse or neglect and perform poorly in school.¹ Such parents are often the most in need of direct, parent support service – but can also be more challenging to reach or engage.

According to census data, 23 percent of households in Maricopa County are female-headed, single parent households, and Phoenix has 26 percent female-headed, single-parent households. In the North Phoenix Region, six out of the nineteen zip codes areas have equal to or higher percentages than these rates, ranging from 25.8 percent to 30.5 percent. In Phoenix, 15 percent of the households are teen parent households. Five out of the nineteen zip code areas in the North Phoenix region have higher teen mother rates than this - with one zip code nearly double that rate.

In parts of the region, children may also lack access to the healthcare they need to grow up strong and health. For example, the 85087 zip code area in the region has a medically underserved designation. According to 2000 census date, 4.7 percent (167) of population in this zip code area is under age 5, and there are 1,220 households in the area.

Research suggests that home visiting programs are successful in helping at-risk parents learn parenting skills, prevent child abuse and neglect, and increase linkages with community services including health services. Home visiting is a service strategy used to bring services to families that may be geographically or socially isolated. When delivered well, home visiting services convey great respect for families because they indicate that the service system is coming to the family rather than the other way around. In addition, because home visitors actually see the households of their clients, they may be better able to tailor services to meet family needs.²

The primary focus of home visiting services is clearly to promote effective parenting. Home visitors may also address goals of encouraging families to enroll in health insurance, receive prenatal care and seek out a consistent medical home. Sometimes accessing and organizing all those services a family needs can be a struggle. Families may not be aware of their eligibility for certain services or funding streams, or the application paperwork may be onerous. Families may struggle with the practical difficulties of using public transportation to meet service appointments.

The home visitor works with families to identify the services that they need and the subsidies to which they are entitled, to help them to fill out the forms to gain those services, and to negotiate with other service providers to make sure that the families are served promptly.

The North Phoenix Regional Council recommends the “Nurse Family Partnership” model to be used with first-time parents and/or teen parents to better address prenatal and healthy birth outcomes. This model has been proven particularly effective with vulnerable mothers pregnant with their first child. Research comparing outcomes from Nurse Family Partnership delivered by trained, registered nurses with outcomes from those delivered by well-trained, intensively supervised paraprofessionals (non-degreed), found substantially stronger outcomes among nurse-visited women.³ Visiting the home from pregnancy through the baby’s second birthday, nurses provide carefully chosen information and guidance on ways that families can assure their new baby’s optimal health and development. As a model proven to work with this identified population, the North Phoenix Regional Council strongly recommends the use of this particular model to allow for a nurse’s expertise to help guide first-time mothers and/or teen mothers through the emotional, social and physical challenges they face as they prepare for a healthy birth. After the child is born, this provider can continue to teach life skills that foster positive growth for both the mother and the child. Focus on this model is primarily on low-income, first-time mothers as they sometimes have limited access to good parenting role-models. It is utilized beginning at 16 weeks gestation and can be continued through the child’s second year.

Findings from three randomized, controlled trials serving diverse populations living in urban and rural settings over the past three decades demonstrate that Nurse-Family Partnership produces the following outcomes:

- Improvements in prenatal health, birth outcomes (including greater intervals between births), child development, school readiness, academic achievement, and maternal employment.
- Reductions in child abuse and neglect, early childhood injuries, mental health problems, and crime.
- Core components of the program include: community and organizational planning, intensive nurse education, visit-by-visit guidelines, the Nurse-Family Partnership web-based clinical

<p>information system, standardized evaluations and reports, and quality improvement processes.</p> <p>Additional funding will be allocated within this strategy to create or expand home visiting models to offer family support for those families with children over the age of 2 that are currently not served through existing home visiting efforts in the region. It is anticipated that the partners from the faith community and others will play a key role in referring at-risk families who may be displaying multiple risk factors such as poverty, involvement in the criminal justice system, single-parenting, involvement in the child welfare system, geographically isolated, etc. It is anticipated that additional home-visiting services will be inclusive of many types of parenting/family situations and will not only help to increase parenting skills, but will also provide periodic developmental, health, vision and hearing screening, along with assistance to identify and connect with needed community resources. Additional services may be implemented as a stand-alone program or as part of another early childhood program.</p> <p>Research Notes ¹Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003. ² www.nursefamilypartnership.org ³Olds, D, Robinson, J., et al. (2002). Home Visiting by Paraprofessionals and by Nurses: a Randomized, Controlled Trial. <i>Pediatrics</i>, 111(3), 486-96.</p>			
<p>Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p>Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.</p>			
<p>Key Measures:</p> <ul style="list-style-type: none"> Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being. 			
<p>Target Population (Description of the population to reach):</p> <ul style="list-style-type: none"> Zip code areas with higher incidence of single-parent, female-headed households. Zip code areas with higher incidence of teen parents. Medically underserved designated zip code area. Those children/families referred by community partners as "at risk." 			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	125 families	125 families	125 families

Nurse Family Partnership Model	300 families	300 families	300 families
Additional Home-Visiting Model			
Performance Measures SFY 2010-2012			
<ol style="list-style-type: none"> 1. Number of families receiving a home visit in the region 2. Number of faith-based organizations referring families for home visits in the region 3. Number of schools referring families for home visits in the region 4. Number of children receiving a developmental screening in the region 5. Percent of families receiving home visits whose children have health insurance 6. Percent of families receiving home visits who have a medical home 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>This strategy depends on partnerships being forged and expanded among schools, child welfare agencies, health care providers, and the faith-based community. Such entities will be the source of referrals for home visits.</p> <p>The Nurse-Family Partnership can provide services at the community, city, county or state level. Currently, statewide initiatives are in place in Colorado, Louisiana, Oklahoma and Pennsylvania. There is a registered Nurse Family Partnership program successfully operating out of Yavapai County Community Health Services Agency.</p> <p>Similar programs that currently exist in the North Phoenix Region include two “Promoting Safe And Stable Families” programs – the “Choices For Families” program offered by Child and Family Resources which focuses on teen parents, providing a myriad of awareness, education and support services to the population, both in and out of the home; and John C. Lincoln Desert Mission’s “Marley House” which is a resource center available for all families that also offers counseling, outreach to schools, case management, parenting skills training and support groups. In addition, there are two “Healthy Families Arizona” sites within the North Phoenix Region – Deer Valley and Sunnyslope, serving 108 and 98 families respectively in 2007. Participation in these programs is voluntary. FTF home-visiting service providers will need to coordinate with existing service providers and referral sources to assure non-duplication of services.</p>			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>This strategy will help the North Phoenix Regional Council build relationships with the faith-based community, health care providers, and child welfare agencies, and schools by allowing such entities to refer at-risk families for services. Opportunities may exist for collaboration with other Regional Partnership Councils in the county, including the South Phoenix Regional Partnership Regional Council, who will be implementing the Parents and Teachers home visiting model through its recently awarded LAUNCH grant Tapestry Project.</p>			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this			

strategy)	
Population-based Allocation for proposed strategy	\$1,050,000
<p>Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region. (Note: Regional Councils may want to consider evaluation and community outreach and awareness expenses. If these are included provide a breakdown of amounts in this section.)</p> <p>\$500,000 = additional home-visiting model, inclusive of program administration, mileage, etc. Costs for these programs range from \$1,000 - \$3,000 per family, varying with intensity of involvement. 300 families</p> <p>\$500,000 = 5 FTE within the Nurse Family Partnership model, inclusive of program administration, mileage, etc. (each FTF can carry a caseload of 25 families) Costs for this program is estimated at \$4,500 per family or approximately \$100,000 per FTE 125 families</p> <p>\$50,0000 = outreach activities to promote awareness of the services, coordinate referrals and work with other community programs</p>	

<p>Strategy7: Create or expand service to parents or caregivers aimed at fostering the literacy development for children ages 0-5.</p> <p>One component of children's readiness for school consists of their language and literacy development. Learning to read and write starts long before first grade and has long-lasting effects.</p> <p>Children's early experiences with books and print greatly influence their ability to comprehend what they read. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy.</p> <p>Many children in the North Phoenix are at risk for low literacy attainment. Low educational attainment among parents and low income status are risk factors for literacy development. In the North Phoenix Region, many children live below the Federal Poverty Level in some areas. For example, in the</p>

Sunnyslope area, 23 percent of children live below the Federal Poverty Level, and more than half of children are considered low income. The Sunnyslope area also reports low educational attainment among parents, with 17 percent of the community residents have less than 9th grade education, 17 percent have 9th-12 grade but no diploma, and 26 percent having only a high school diploma.

Other evidence also exists suggesting a need for support for literacy development among young children in the region. One assessment that is used frequently across Arizona schools - the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) – suggests that many children in the region may be behind in literacy acquisition when they enter Kindergarten. Indeed, only 9 percent of children in the Washington School District meet the benchmark standard when they enter Kindergarten.

Third grade standardized assessments also suggest that children often lag their counterparts in reading. Spring 2007 3rd grade AIMS reading scores show that 38 percent of children fell below the standard in reading.

In order to address the distinct geographic needs of the region, the Regional Council will invite Stakeholders to submit a variety of proposals to enhance language and literacy development in young children that are both evidence-based and relevant to the community served. Specific approaches to implement this strategy will take the following into account:

Evidence-based research identifies key components of early literacy curriculum. They include:

- Oral language: Fostering vocabulary and listening comprehension, expressive and receptive language. Alphabetic Code: Developing alphabet knowledge, and phonological/ phonemic awareness which is the ability to discriminate sounds in words, invented spelling.
- Print knowledge: Understanding environmental print and concepts about print.

Effective literacy development programs:

- Understand the parent's literacy strengths and reinforce their knowledge and skills
- Provide an opportunity for adults and children to reflect on literacy practices in their daily lives
- Recognize the literacy history of the parents
- Consider socio-cultural context: Children's experiences with the world greatly influence their ability to comprehend what they read
- Provide accommodations and adaptations for children and adults with special needs or disabilities Contain an educational component which formally or informally affects the child's literacy or development
- Oral Language is the foundation for literacy development Contain an educational component for the adult, such as adult-basic education (for those without a high school diploma) or English-acquisition.

Approaches to implement this strategy will be required to build on current funding streams wherever possible. The Regional Council will give preference to those applicants that demonstrate partnerships that expand access to services in non-traditional settings including homes, early care and education settings, medical settings, public gathering places, etc.

Lead Goal: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

- Percentage of families of children birth through age five who report they maintain language and

literacy rich home environments. <ul style="list-style-type: none"> Percentage of families with children birth through age five who report reading to their children daily in their primary language. 			
Target Population (Description of the population to reach): Isolated communities where children have limited access to literacy resources. Communities within the Washington Elementary School District boundaries and the Sunnyslope community will be given priority. Any community in the Region where low education attainment of parents and low total family income are present. Participants of Strategy #4 Services – Family/Friend/Neighbor caregivers This strategy will need to provide for a combination of in-home and in-community models. The North Phoenix Regional Council wants to entertain applications for innovative ideas on how to “meet the families where they are” (i.e., churches, malls, grocery stores, community centers, doctors’ offices, child care centers, etc.)			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	In-home programs 300 families	In-home programs 300 families	In-home programs 300 families
	In-community programs 20,000 children	In-community programs 20,000 children	In-community programs 20,000 children
Performance Measures SFY 2010-2012 1. Number of families engaged in in-home literacy support programs in the region 2. Number of families engaged in in-community literacy support programs in the region 3. Percent of Kindergarteners meeting benchmark at the beginning of the year for each school district in the region, according to DIBELS.			

4. Circulation of children's books at libraries in the region	
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: This strategy aims at connecting literacy support and development efforts to families where they spend time, such as their homes, child care centers, public spaces, doctors offices, libraries, etc. 	
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: There are currently 10 Reach Out and Read sites in the region, as well as 4 library branches in the region, providing books, family reading and literacy support activities for families and caregivers. In addition to adding an "in-home" focus, this strategy could expand such community programs, or coordinate with such efforts to ensure maximum effectiveness. Also, those providers receiving services under Strategy #4 (Family/Friend/Neighbor professional development) will be given priority to receive coordinated services under this strategy to assure that young children cared for in these environments have enhanced access to literacy development. 	
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)	
Population-based Allocation for proposed strategy	\$1,000,000
<p>Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region. (Note: Regional Councils may want to consider evaluation and community outreach and awareness expenses. If these are included provide a breakdown of amounts in this section.)</p> <p>\$600,000 = in-home models Sample programs in this category include, but are not limited to, HIPPY (Home Instruction for Parents of Preschool Youngsters) USA with a direct cost of \$1,250 per child/year; the Parent Child Program with a cost of \$2,000 per child/year; and Parents as Teachers with a cost of \$54,000/year per parent educator who typically carries a caseload of up to 30 families. 300 families</p> <p>\$350,000 = in-community models Sample programs in this category include, but are not limited to, Reach Out and Read, Raising A Reader, Library Parent Workshops and Storytimes. Costs vary according to staff time involved and materials provided. 20,000 children</p> <p>\$50,000 = outreach activities to promote awareness of the services, coordinate referrals and work with other community programs</p>	

Strategy 8: Establish or enhance a telephone “warm line” to provide families access to parenting information and resources 24 hours per day.

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.

Evidence suggests that parents need more information on how to parent and resources available to them. In 2007, the Valley of the Sun United Way conducted a survey with parents (N =250) across Maricopa County. Almost half of parents surveyed (40 percent) indicated they could use “a lot more” education about early childhood issues, with only 20 percent responding that they only wanted a little more information.

The North Phoenix Region’s recent Needs and Assets report also identified other evidence of need for parent information. A survey was conducted of thirteen community experts representing diverse sectors of the community, including school districts, community colleges, child care and learning centers, preschools, faith-based organizations, non-profit organizations, Head Start programs, local governmental entities, and relevant early childhood associations and advocacy groups. The key informants expressed concern that parents of young children consistently felt that they “didn’t know how to parent.” They also expressed a desire that more parent outreach efforts be aimed to all families of children ages 0-5 – not just low income families.

Telephone-based parent information, advice and support can be delivered cheaply and has resulted in high parent satisfaction. One study found that one in four parents was likely to use such a phone resource, and another study found that such a resource is of particular interest to parents of young children.¹

Warm lines typically offer brief counseling or support by paraprofessionals, and ultimately direct families to local resources and social services.

Telephone Help Lines for parents are not a new concept, but evaluation of their effectiveness in improving parenting is difficult due to lack of control or comparison group, as callers are self-selected. Studies that have been performed find that telephone information lines can be useful as part of a multi-media parent training packages, combined with other parenting information and support such as written materials. They are effective and for parents of younger children (0-5), although they have had mixed results among families in need. Parents of young children are most interested in using such hotlines to address issues of behavior management, seeking information and advice.

The Regional Council recognizes that a parenting warm line that can provide services to residents of the North Phoenix Region currently exists. This community line receives approximately 12,000 calls per year and is available during daytime hours only. With additional outreach regarding enhanced

availability of hours – there is great potential for an increase in callers. While, both the North Phoenix Regional Council and the Central Phoenix Regional Council have identified this strategy as a priority, a better understanding of the limits of the existing service needed to be determined. Sustained marketing is a key to toll-free lines’ success. Training, the quality of information being provided, and wait times are among the factors that can impede the ultimate success of telephone help lines. This strategy could address any or all of these factors, based on proposals received by interested grantees, and needs or opportunities identified. It is anticipated that coordination across regions will occur in the implementation of this strategy.

Research Notes

Akister, Jane and Ken Johnson. Parenting Issues That May be Addressed through a Confidential Helpline. Health and Social Care in the Community, 10(2), 106-111.

Centre for Community Child Health. Literature Review: Parenting Information Project. June 2004.

Halfon, Nel, et al. “Building Bridges: A Comprehensive System for Healthy Development and School Readiness.” National Center for Infant and early Childhood Health Policy, January 2004.

Harris, Elizabeth, et al. First LA Parent Helpline External Evaluation Assessment of Progress in Achieving Implementation and Outcome Goals, January 2007.

¹Booth, Meg, et al. Dialing for Help: State Telephone Hotlines as Resources for Parents of Young Children.

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development.

Key Measures:

- Percentage of families with children birth through five who report they are competent and confident about their ability to support their child's safety, health and well being
- Total number and percentage of public and private partners who report they are satisfied with the extent and quality of coordination between public, private and tribal systems

Target Population (Description of the population to reach):

Families and caregivers in the North Phoenix Region caring for children aged 5 and under.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	2500	3000	4000

Performance Measures SFY 2010-2012			
<div>1. Number of calls received by the warm line by families in the North Phoenix Region</div> <div>2. Parent awareness of the warm line as a resource among families in the North Phoenix Region</div> <div>3. Satisfaction among families using the warm line</div>			
<div><div>• How is this strategy building on the service network that currently exists:</div><div>There is an existing helpline open to all families with young children looking for the latest child development information from experts in the field. Currently, professionals may also take advantage of this free service. The Helpline is staffed by early childhood development specialists, registered nurses, disabilities specialists, early literacy specialists, and mental health counselors. This toll-free number for all Arizona families with young children and parents-to-be can provide professional telephone “pre-crisis” consultation on such topics as health and nutrition, language development, discipline, child development, sleep, inconsolable crying, early literacy and others.</div></div>			
<div><div>• What are the opportunities for collaboration and alignment:</div><div>Currently across Maricopa County and the state of Arizona other “help lines” exist that could coordinate with this strategy. Examples of such help lines are the “Fussy Baby” line that helps callers with strategies to comfort seemingly inconsolable babies, “AZ 211” which provides a listing for a myriad of family support services, “Child Care Resource and Referral” that helps connect callers to regulated child care options in their area and others. Callers on the proposed warm line will be directed toward these other resources as appropriate. As the Central Phoenix Regional Partnership Regional Council has also identified this strategy as a priority, there is great opportunity for collaboration with administrative home, outreach and implementation across regions.</div></div>			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy		\$ 200,000	
Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region. (Note: Regional Councils may want to consider evaluation and community outreach and awareness expenses. If these are included provide a breakdown of amounts in this section.) <div>It is the North Phoenix Regional Council’s recommendation that funding for this strategy be utilized to assure sufficient staffing to support operation of the warm line for 24 hours/day, that additional outreach regarding availability of the service be provided, that additional training be made available to staff providing the service, and that additional follow-up materials (i.e., handouts, booklets, simple safety devices, etc) be made available to users of the service as needed.</div> <div>The Central Phoenix Regional Council will provide additional funding to support this strategy.</div> <div>It is recommended the allocation be split among the strategy activities as follows:</div>			

20% = outreach and awareness building

50% = staffing, to include extending hours of operation

15% = training opportunities

10 - 15% = handout/follow-up materials

Up to 5% = ongoing evaluation to assess service implementation/customer satisfaction

Strategy 9: Determine how to best improve affordability of quality early childhood education and care by engaging in a statewide pilot project/study that provides scholarships or vouchers to parents enrolling their children in quality care.

The cost of child care can be a considerable burden for Arizona families. As with many other services, cost of early care and education often is directly related to the quality of care. Increased quality often requires more employees, higher qualifications, increased training, and better employee compensation. Currently, yearly fees for child care in the North Phoenix Region range from almost \$8,000 for an infant in a licensed center to about \$5,900 for before and after school care in a family child care home. This represents about 12 percent of the median family income of Arizona married couples with children under age 18, and 22-30 percent of the median income of a single parent female-headed family in Arizona.

To further develop understanding of how best to increase access and affordability to quality early care and education, a **pilot study** of multiple cost reduction or support strategies is being proposed by several Regional Partnership Regional Councils as part of their funding plans. Information gleaned from the study will help inform future strategy development for the regions. The study will 1) determine what factors influence demand for quality care and education in each region, and how such demand varies by region; and 2) how and what strategies are most effective in addressing affordability of quality care as a barrier to access.

The North Phoenix Regional Partnership Regional Council will work in partnership with the FTF evaluation division and an external contractor(s) to design and implement a pilot study. Participating in the study would require the Regional Council to allocate **\$80,000-120,000 per year for three years** which enables the inclusion of **a regionally located home or center** in the pilot and the cost of the evaluation. Centers or homes must meet specified conditions to participate (including participation in all aspects of the study and participation in a quality improvement effort).

In addition to the actual distribution of vouchers, scholarships, or financial supports to families or centers/homes participating in the study, additional analyses will be conducted. Ongoing analyses with families and stakeholders in the community will determine:

- What cost reduction or support strategy can most effectively reduce cost as a barrier to quality care for families in this community?

- What is the impact of the cost reduction or support strategy on parent perceptions of quality? and
- What is the impact of the cost reduction or support strategy on access to care and education in the community?

The details and design of the pilot need in partnership with the other Regional Councils. The benefit of participating is that Regional Councils would be working together to begin addressing this need, determining what strategies are effective.

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Goal: FTF will increase availability and affordability of early care and education settings.

Key Measures:

- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five.
- Current cost of early care and education for families as a proportion of the median income for a family of four.

Target Population (Description of the population to reach):

Many children and families living in the region experience tremendous need. Over half (55 percent) of children living in Phoenix are low income (falling at or below 200 percent of the Federal Poverty Level). Twenty-six percent of children in Phoenix live in poverty. Low income status may create barriers for families to have access to high quality early care and education. Centers who offer subsidized care to low income families will be considered for participation in the study.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	2 centers	2 centers	2 centers

Performance Measures SFY 2010-2012

TBD once the study parameters are completed. Sample performance measures include:

1. Number of children enrolled in quality early education and child care settings receiving scholarship or stipend in the region

<p>2. Number of children enrolled in quality care (3, 4 or 5 star) in the region.</p> <p>3. Number of children at or below 100% FPL enrolled in early quality care and education in the region</p>	
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: The Regional Partnership Regional Council intends to lead the North Phoenix Region with efforts to create affordable, high quality care and education for children ages zero through five years. In order to do so, the Regional Partnership Regional Council intends to study the current environment.--assess the existing supports and resources for providing and funding of early care and education and the actual cost of providing quality care in this region. As efforts to improve the quality of early care and education are implemented in the region, additional attention will need to be paid on how quality interacts with affordability of care, and how strategies can best be designed to attract and support families to choose quality care. <p>The study will bring to light the issues and barriers to affordable high quality care and propose some direction for further community development and immediate funding needs. The North Phoenix Regional Council will then define a strategy that builds on the current early care and education system and revenue streams that exist.</p>	
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: Participation by the early care and education community and stakeholders of the community including parents and caregivers will be critical to the successful completion of this project. 	
<p>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</p>	
Population-based Allocation for proposed strategy	\$240,000
<p>Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region. (Note: Regional Councils may want to consider evaluation and community outreach and awareness expenses. If these are included provide a breakdown of amounts in this section.)</p> <p>This allocation provides for:</p> <ul style="list-style-type: none"> The administration of the pilot study and distribution of financial support Financial assistance for centers/homes and/or families Interviews with community members to establish need/demand as well as impact 	

Strategy 10: Increase children's access to preventive dental care by expanding oral health screenings, applying fluoride varnishes, and referring children for follow-up treatment.

Tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Low income and minority children have more untreated decay and visit the dentist less frequently. Oral disease is progressive and cumulative and if left untreated can lead to needless pain and suffering; difficulty in speaking, chewing and swallowing; missed school days, increased cost of care; and at a greater risk for other systemic health problems due to poor nutrition. Connections are emerging between the condition of the mouth and diabetes, heart disease, and preterm, low-weight births.

Access to dental care is limited for young children in both the state and the region. In 2003, 10 percent of children ages 6-8 in Phoenix had urgent dental needs. Thirty-five percent of children in Phoenix in the same age group had untreated tooth decay.

Lack of dental coverage may be a contributing factor to lack of oral health among children. The Arizona Department of Health Services' 2003 Community Health Profile for Phoenix shows that 25 percent of children lack dental insurance.

It appears that lack of dental care and incidence of tooth decay begins well before children reach school. A study completed by the Arizona Department of Health Services studying children's oral health status from 1999 to 2003 determined that 35 percent of Arizona kindergarten students (mainly 5 year olds) had untreated tooth decay, and half of Arizona kindergarteners had experience with tooth decay. This same study also found that 25 percent of all Arizona kindergarten students had never been seen for a dental visit and of those children, 59 percent came from Hispanic families, and 35 percent had family incomes of less than \$15,000 per year.

Fluoride varnishes are a proven intervention for reducing the incidence of dental caries (tooth decay) in young children. Oral health screenings and subsequent referrals to dental coverage and treatment are also effective ways of addressing dental needs cost effectively.

In order to address the distinct geographic needs of the region, the Regional Council will invite Stakeholders to submit a variety of proposals that will expand or establish new programs to increase children's access to preventive dental care throughout the region. Approaches to implement this strategy will be required to build on current funding streams, including public and private insurance and existing federal and state sources for billing. We will not replace existing funding streams.

Specific approaches to implement this strategy include, but are not limited to:

- Outreach to enroll children and families in affordable insurance
- Partnerships that expand access to services in non-traditional settings including homes, public schools, early care and education settings, faith-based community campuses, etc.
- Direct provision of such services as oral health screenings and applying fluoride varnishes

As it is critical to get young children exposed to positive dental practices as soon as possible, applicants funded through this strategy will be required to demonstrate how they will coordinate with, and give priority services to those children enrolled in QIRS participating sites funded through the Regional Council in the North Phoenix Region.

Research Notes

Fluoride Varnish Efficacy in Preventing Early Childhood Caries

J.A. Weintraub, F. Ramos-Gomez, B. Jue, S. Shain, C.I. Hoover, J.D.B. Featherstone, and S.A. Gansky. *J. Dent. Res.* 2006 85: 172-176.

Fluoride Varnish Use In Primary Care: What Do Providers Think?

Charlotte Lewis, Heather Lynch and Laura Richardson. *Pediatrics* February 2005; 115: 69-76.

Fluoride Varnishes

Kevin J. Donly, DDS, MS. *Journal of the California Dental Association* 31 (3): 217-19, 2003.

Professionally Applied Topical Fluoride

Executive Summary of Evidence-Based Clinical Recommendations

The ADA Regional Council on Scientific Affairs. *The Journal of the American Dental Association* 137: Special JADA Insert, 2006.

Lead Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

Total number and percentage of children receiving appropriate and timely oral health visits.

Target Population (Description of the population to reach):

All children in North Phoenix Region with priority given to children falling into low socio-economic status (free/reduced lunch, 50% of children in center eligible for D.E.S. subsidy). Statistically, these are the highest risk populations for dental caries. In addition, children who are enrolled in QIRS participating sites in the North Phoenix Region, and areas of the region where there is no fluoride added to the water would also receive priority.

	SFY2010	SFY2011	SFY2012
	July 1, 2009 -	July 1, 2010 -	July 1, 2011 -

	June 30, 2010	June 30, 2011	June 30, 2012
Proposed Service Numbers	8,000	8,000	8,000
Performance Measures SFY 2010-2012 <ol style="list-style-type: none"> 1. Number of children ages 0-5 enrolled in AHCCCS or KidsCare in the region 2. Number of children receiving fluoride varnishing 3. Number and percent of children with urgent dental needs 4. Number and percent of children with untreated tooth decay 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: This strategy will connect eligible uninsured children to health coverage through AHCCCS. Dental varnishing will be connected to children receiving care in QIRS enrolled sites, as well as other locations in the region. 			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: The Arizona School of Dentistry and Oral Health has recently opened up a new center in Glendale and John C. Lincoln Desert Mission Programs also offers a dental clinic. Collaboration with the Arizona Department of Health Services' dental program, AHCCCS (source of dental coverage) and the Arizona Dental Association is also possible. Collaboration with the Northwest Maricopa Region, who will also be implementing a strategy related to preventive dental care, is possible. Collaboration may also be possible among school districts and Head Start programs in the region. 			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy	\$60,000		
Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region. (Note: Regional Councils may want to consider evaluation and community outreach and awareness expenses. If these are included provide a breakdown of amounts in this section.) \$40,000 for the technician, supplies, and time to make referrals/assist family to enroll in state-funded dental program. \$20,000 to assist with follow up care for those families with no insurance/eligibility for insurance.			

Strategy 11: Collaborate with AHCCCS to expand Health-E Application so more families will enroll in and retain health coverage and other public benefits for their young children.

In December 2008, AHCCCS will be implementing an electronic application for AHCCCS and KidsCare over the internet. The universal application, known as Health E App, will allow families to apply for and renew health coverage, as well as other family support programs such as TANF, Cash Assistance, and Food Stamps, directly over the internet.

Currently, families often have to visit DES offices to enroll and renew their enrollment in such programs. Unfortunately, these offices can sometimes create barriers for families with young children. The offices are understaffed, and wait times can be daunting. Many families report that they are intimidated going to such locations, and the hours of operation (8 am to 5 pm) can make it challenging for families who work to obtain these services.

While the new internet application promises to make enrollment in public coverage programs for young children easier, barriers still exist. Community-based organizations and families may be unfamiliar with the new application, and may need assistance in completing it. In addition, families who are applying for coverage for the FIRST time will be required to submit original documentation, requiring submission of documents to a DES office or a community-based agency that is “certified” by AHCCCS to accept such documentation. Currently, few such community-based providers exist.

A fee-based version of Health E App is currently in use at hospitals and community health centers. It has been shown to result in timelier enrollment, and a reduction in application errors (resulting in applicants less likely to be denied coverage.)

Enrollment assistance is a proven practice for improving and increasing health coverage in public programs. Today, community application assistance occurs nationally in a wide variety of settings, including health clinics, Head Start programs, recreation centers, and homeless shelters. Reports indicate that such assistance can make a difference in getting children covered. In California, for example, 63 percent of applicants who received no community-based assistance were approved for enrollment, compared to a 79 percent approval rate for families who received assistance.

This strategy proposes to fund the following:

- 1) A community assistor who can train community-based providers on the availability of Health E App and its use;
- 2) Materials to advertise the availability of Health E App in the region; and
- 3) Three to five community assistor sites (locations where families with young children frequent such as WIC offices, Head Start sites, or community resource centers) where computers will be available for families to complete applications , technical assistance will be provided, and providers will be able to accept and submit original documentation.

Preference will be given to approaches that can demonstrate how a coordinated partnership will expand services for the region’s most vulnerable and/or disenfranchised families.

Research Notes

¹ Ross, Donna Cohen and Ian Hill. Enrolling Eligible Children and Keeping Them Enrolled. The Future of Children, Spring, 2003.

Lead Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.

Goal: FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development

Key Measures:

Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.

Target Population (Description of the population to reach):

Families earning at or below 200 percent of the Federal Poverty Level with young children (0 to 5)

Proposed Service Numbers	SFY2010 July 1, 2009 -June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	1,000 families assisted	2,000 Families assisted	3,000 Families assisted
Performance Measures SFY 2010-2012 <ol style="list-style-type: none"> Children aged 0-5 enrolled in AHCCCS or SCHIP in the region/children aged 0-5 living at or below 200 percent of the Federal Poverty Level. Applications completed at enrollment assistance centers in the region. Applications completed at enrollment assistance centers in the region resulting in enrollment/applications completed. 			
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: Currently, a limited number of entities use Health E App to enroll children in health coverage. These include community health centers and some hospitals. This strategy will build on the success of Health E App by taking the new, free internet-based version of the application and making it available (with enrollment assistance) at community-based locations that frequently connect with young children and their families such as child care centers, Head Starts, WIC clinics, or faith-based organizations. The North Phoenix Regional Partnership Regional Council is interested in supporting strategic partnerships whenever and wherever possible. 			
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: The North Phoenix Regional Partnership Council would work closely with the AHCCCS and the Arizona Department of Economic Security (the agency responsible for determining eligibility for AHCCCS) in implementing this strategy. By collaborating, it may be possible to draw down a federal match (between 50 cents to 77 cents on the dollar allocated) for this effort, allowing further expansion. This is a great opportunity to have the community and a government entity collaboratively work together to better its citizenry. In addition, as the Central Phoenix Regional Partnership Council has also identified this strategy as a priority, there is great opportunity for collaboration with administrative home, outreach and implementation across regions. 			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy		\$440,000	
Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region. (Note: Regional Councils may want to consider evaluation and community outreach and awareness expenses. If these are included provide a breakdown of amounts in this section.) Community assistor (who provides training on how to utilize Health E Apps, identifies and strengthens potential partnerships, and completes outreach activities in the community): \$130,000 (salary, overhead, training, travel)			

Advertising and outreach materials: \$15,000

3-5 Community Assistor Sites: \$295,000 (includes part time FTE, rent, computer and FAX equipment)
Specific community partnerships will be determined to assure that these sites will be strategically located throughout North Phoenix Region communities to be available to the most eligible families.

Strategy 12: Engage in a communications campaign that works in partnership with other Regional Partnership Councils and the FTF Board.

The North Phoenix Regional Partnership Council is committed to partnering with other regions (especially Maricopa County regions who are in close proximity) and the Statewide Board in planning and implanting a communications campaign that:

- Engages families, community organizations, business, faith-based organizations, and medical institutions in community mobilization efforts to promote early childhood development and health in the region.
- Advocates for public policy change and increased resources on behalf of young children and their families.

The North Phoenix Regional Council recognizes the importance and effectiveness of working in partnership with the other Regional Councils and FTF Board, speaking with one unified voice for young children to mobilize the community around a call to action. The North Phoenix Regional Council will determine the mechanisms most appropriate for this region to deliver the messages as developed from the statewide communications plan, raising the community's awareness, and enlisting individuals as champions for early childhood development and health.

"The problems facing our children aren't local, state, or even national issues. They're American issues—and they impact us all. As you go forth and promote investments in early childhood, it is critical that in order to get the most receptive audience, you relate what specifically you are talking about to how it is an American issue that affects us all."¹

Furthermore, communications is among the most powerful strategic tools to inspire people to join the early childhood development and health movement, convince policymakers, foundations and other leaders to prioritize the issues, and urge the media to accord it public attention. Every choice of word, metaphor, visual, or statistic conveys meaning, affecting the way these critical audiences will think about our issues, what images will come to mind and what solutions will be judged appropriate to the problem. Communications defines the problem, sets the parameters of the debate, and determines who will be heard, and who will be marginalized. Choices in the way early child development is framed in general must be made carefully and systematically to create the powerful communications necessary to ensure that the public can grasp the recommendations of early childhood experts and the policies proposed.²

The North Phoenix Regional Council also acknowledges that the development of this strategy in full is not complete and is committed to working with the other Regional Councils and FTF Board to further define the community awareness and mobilization effort. The North Phoenix Regional Council believes that this strategy is critical to the success of FTF in order to sustain the services and supports children need overtime and will set aside \$235,000 each year.

Research Notes

¹Luntz, Maslansky Strategic Research Analysis (2008). Communicating About Children. *Big Ideas for Children: Investing in Our nation's Future* (pp.226-235). First Focus.

²FrameWorks Institute (2005). Talking Early Child Development and Exploring the Consequences of Frame Choices.

Lead Goal: FTF will expand public awareness of and financial and political support for early childhood development and health efforts in Arizona.

Key Measures:

Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters

Target Population (Description of the population to reach):

The strategy will target the region's entire population. As part of a planning period (3-6 months) involving other Regional Councils and the statewide board,, target groups such as business, faith based, health professionals, etc., will be determined and be the initial focus of the awareness campaign. In addition, the service numbers and performance measures will be set after the strategy is developed in full in partnership with the Regional Councils and State Board.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	TBD	TBD	TBD
Performance Measures SFY 2010-2012			
TBD			
<ul style="list-style-type: none">How is this strategy building on the service network that currently exists: A wide array of community partners have been involved in communications strategies related to young children, including Valley of the Sun United Way, PAFCO, the Governor’s P-20 Regional Council, and St. Luke’s Health Initiatives, the Arizona Ecumenical Regional Council and Children’s Action Alliance. This strategy could bring many of those partners together, focusing messaging on the importance of early care and education and public investments in its success.			
<ul style="list-style-type: none">What are the opportunities for collaboration and alignment: St. Luke’s Health Initiatives has been engaged in an effort to “reframe” critical issues involving public investment in children’s health. FTF could collaborate with St. Luke’s on this effort. Other potential collaboration partners include media partners, Valley of the Sun United Way, PAFCO, the Governor’s P-20 Regional Council, and Children’s Action Alliance.			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy	\$235,000		
Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region. (Note: Regional Councils may want to consider evaluation and community outreach and awareness expenses. If these are included provide a breakdown of amounts in this section.) Preliminary figures for a coordinated community awareness and mobilization campaign indicate that 1-3% of a regional allocation would be adequate to support this strategy. The North Phoenix Regional Council will allocate \$235,000 for this strategy which is 3% of the allocation.			

Conduct and complete a Regional Needs and Assets Report.

Conduct and complete a Regional Family Support Resource Report

In order to ensure that the North Phoenix Regional Partnership Council has current and relevant data to make funding decision, the Regional Council has allocated funding to complete and conduct a 2010 Regional Needs and Assets Assessment Report, and will continue to allocate dollars in the subsequent

fiscal years to support the completion of the 2012 Regional Needs and Assets Assessment Report.

In addition, the North Phoenix Regional Council has a strong interest in becoming better informed regarding actual resources available to families living in the region (i.e., support group, education opportunities, services for special needs populations, etc.) The Regional Council proposes to hire a consultant/student intern to complete research regarding available resources and compile a comprehensive report. This report will be made available to providers identified in other strategies for the North Phoenix Region – such as staff working in child care centers, child care health consultants and behavior health consultants, family community agencies, medical offices, school counselors, the faith community, home care providers, libraries, etc.

Lead Goal:

Goal #14: FTF will collect and disseminate accurate and relevant data related to early childhood development and health.

Target Population: North Phoenix Regional Partnership, the Arizona Early Childhood Development and Health Board, and community members of the North Phoenix Region.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	1 completed Family Support Resource Report	1 Completed Needs and Assets Report	

Performance Measures SFY 2010-2012

1. Timely completion of a 2010 North Phoenix Regional Family Support Resource Report.
2. Timely completion of a 2010 North Phoenix Regional Needs and Asset Report.
3. Regional Council approval of a 2010 North Phoenix Regional Needs and Asset Report.

• **How is this strategy building on the service network that currently exists:**

This strategy is designed to identify assets in the community and establish ways to maximize collaboration among those assets.

• **What are the opportunities for collaboration and alignment:**

Opportunities for collaboration and alignment exist with other Regional Partnership Regional Councils in Maricopa County who are implementing a similar strategy.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$90,000
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Budget Justification:

Regional Needs and Assets Report = \$15,000 each year for 3 years

Family Support Resource Report = \$75,000 for one year only

Funding will be used to hire a consultant to collect, interpret, and analyze regional data relevant to the production of a Regional Needs and Assets Report and Regional Family Resource Report to enable better Regional Council decision making. Funding will also be used to print and distribute the Reports in the community.

X. Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)

Revenue	
Population Based Allocation SFY2010	\$7,871,209
Expenditure Plan for SFY2010 Allocation	
Strategy 1 - QIRS	\$746,225
Strategy 2 - CCHC/MHC	\$1,740,000
Strategy 3 - WAGES	\$360,000
Strategy 4 - TEACH scholarships	\$483,020
Strategy 5 - Family/Friend/Neighbor Professional Development	\$250,000
Strategy 6 - Home Visiting (Family Support/Health)	\$1,050,000
Strategy 7 - Literacy Development	\$1,000,000
Strategy 8 - Warm Line	\$200,000
Strategy 9 - Pilot/Study - Affordability	\$240,000
Strategy 10 - Preventative Dental Care	\$60,000
Strategy 11 - Health-E Applications	\$440,000
Strategy 12 - Communications Campaign	\$235,000
Regional Needs & Assets (if applicable)	\$90,000
Subtotal of Expenditures	\$6,894,245
Fund Balance (undistributed regional allocation in SFY2010)*	\$976,964
Grand Total (Add Subtotal and Fund Balance)	\$7,871,209

*Provide justification for fund balance:

A fund balance has been intentionally built into the budget to provide funding in subsequent years to support the growth of several strategies. Strategies 1, 3, and 4 are developed to continue support over three years for the initial group of participants identified and funded in SFY2010. The North Phoenix Regional Partnership Council would like to increase the number of new participants in these same three strategies in SFY2011 and SFY2012 as capacity to implement the strategies and deliver the required services are developed regionally. In order to be able to do this, the Regional Council will need to maintain a fund balance to supplement the regional allocations for SFY2011 and SFY2012.

Building the Early Childhood System and Sustainability – Three Year Expenditure Plan: July 1, 2010 through June 30, 2012

Use the table below to present the initial thinking of the Regional Council to implement the three year strategic plan. Use the actual allocation for SFY2010 and estimated allocation amounts for SFY2011 and SFY2012.

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	\$7,871,209	\$7,871,209	\$7,871,209	\$23,613,627
Fund Balance (carry forward from previous SFY)	N/A	\$976,964	\$1,104,893	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1 - QIRS	\$746,225	\$1,537,940	\$2,436,655	\$4,720,820
Strategy 2 - CCHC/MHC	\$1,740,000	\$1,740,000	\$1,740,000	\$5,220,000
Strategy 3 - WAGES	\$360,000	\$480,000	\$600,000	\$1,440,000
Strategy 4 - TEACH	\$483,020	\$495,340	\$514,580	\$1,492,940
Strategy 5 - F/F/N Prof. Dev.	\$250,000	\$250,000	\$250,000	\$750,000
Strategy 6 - Home Visiting	\$1,050,000	\$1,050,000	\$1,050,000	\$3,150,000
Strategy 7 - Literacy Dev.	\$1,000,000	\$1,000,000	\$1,000,000	\$3,000,000
Strategy 8 - Warm Line	\$200,000	\$200,000	\$200,000	\$600,000
Strategy 9 - Pilot Study	\$240,000	\$240,000	\$240,000	\$720,000
Strategy 10 - Prev. Dental	\$60,000	\$60,000	\$60,000	\$180,000
Strategy 11 - Health E App	\$440,000	\$440,000	\$440,000	\$1,320,000
Strategy 12 - Communications	\$235,000	\$235,000	\$235,000	\$705,000
Regional Needs &	\$90,000	\$15,000	\$15,000	\$120,000
Subtotal Expenditures	\$6,894,245	\$7,743,280	\$8,781,235	
Fund Balance* (undistributed regional allocation)	\$976,964	\$1,104,893	\$194,867	

*Budget Justification: Provide information, as determined necessary, to support rationale for three year expenditure plan and include justification for fund balance.

A fund balance has been intentionally built into the budget to provide funding in subsequent years to support the growth of several strategies. Strategies 1, 3, and 4 are developed to continue support over three years for the initial group of participants identified and funded in SFY2010. The North Phoenix Regional Partnership Council would like to increase the number of new participants in these same three strategies in SFY2011 and SFY2012 as identified on the strategy worksheet for each, and as capacity to implement the strategies and deliver the required services are developed regionally. In order to be able

to do this, the Regional Council will need to maintain a fund balance to supplement the regional allocations for SFY2011 and SFY2012.

The North Phoenix Regional Partnership Council will need to be strategic in SFY2012 regarding sustainability of strategies in SFY2013. While decisions regarding funding will need to be based on the most current needs and assets information available, there are potential funding decreases identified now that may be able to occur. With funding allocated through Strategy #1, in three years it is anticipated that at least 50 percent of all regulated child care centers and family care homes will already be involved in the QIRS process. During the fourth and subsequent years, the rate to include more centers could be decreased to assure sufficient funding exists to cover currently enrolled centers and homes. Second, if we are able to received matching funds for Strategy #11, an excess of funds to support this strategy would be available in SFY 2012 and moving forward. In the RFGA process, the North Phoenix Regional Partnership Council will work diligently with all funded partners to include a sustainability plan that may include seeking discretionary funding as well as private and public funding.

XI. Discretionary and Public/Private Funds

- Based on SFY2010 and three year expenditure plans provide recommendations for use of discretionary funds and/or plans to raise public or private dollars for Regional Council's strategic plan.

The North Phoenix Regional Partnership currently has no unfunded strategies identified. The Regional Council has not yet had the opportunity to have any additional conversations regarding priorities for these funds, so is therefore not making any specific recommendations for use of discretionary funds at this time. We will reserve the right to make recommendations in the future.

As noted in Strategy #11 (Health E App), the North Phoenix Regional Partnership Regional Council would work closely with the AHCCCS and the Arizona Department of Economic Security (the agency responsible for determining eligibility for AHCCCS) in implementing this strategy. By collaborating, it may be possible to draw down a federal match (between 50 cents to 77 cents on the dollar allocated) for this effort, allowing further expansion. The North Phoenix Regional Partnership Regional Council will monitor this ability to received matching funds closely to determine if funding for this strategy should continue at this level, or if it would be better to divert funding to other, more priority areas of need identified via the needs and asset process in subsequent years.